

OFFICE OF FINANCIAL AND INSURANCE REGULATION

JOB VACANCY NOTICE

CLASS/LEVEL: Auditor 9-P11

DIVISION/SECTION: Supervisory Affairs Division

DEADLINE TO RESPOND: 3-17-09

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INTERESTED APPLICANTS SHOULD SUBMIT A RESUME, COVER LETTER, DLEG APPLICATION AND A COPY OF COLLEGE TRANSCRIPTS (INTERNET BASED TRANSCRIPTS ARE NOT ACCEPTED) TO DLEG, OFFICE OF FINANCIAL AND INSURANCE REGULATION, HUMAN RESOURCES/BUDGET DIVISION/OFIR 09-06, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |
| PAY RANGE               | \$16.81-\$28.93/hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |
| DESCRIPTION OF POSITION | The Domestic Monitoring Section reviews and evaluates applications from insurers seeking licensure authority in Michigan, making recommendation to the Commissioner, who makes the final decision. It monitors and evaluates the financial condition of licensed insurers to identify a potentially troubled insurer; determines the nature and extent of the insurer's financial trouble; and recommends appropriate action to protect Michigan policyholders. This position examines the financial condition of highly complex companies, identifies troubled insurers, determines solvency, analyzes additional applications, reviews entities required to requalify for authority, reviews corporate activities for statutory compliance and recommends action based upon the findings noted. |                                                                                                                                 |
| EDUCATION               | Possession of a bachelor's degree with not less than 24 semester or 36 term credits in accounting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| EXPERIENCE              | Auditor 9 – No specific amount or type is required.<br>Auditor 10 – One year of professional experience in auditing accounting, financial, and operations records, equivalent to an Auditor 9.<br>Auditor P11 - Two years of professional experience in auditing accounting, financial, and operations records equivalent to an Auditor, including one year equivalent to an Auditor 10.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFIR 09-06                                                                                                                      |
|                         | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR09-06, P. O. Box 30220, Lansing, MI 48909 |

|  |                 |                |
|--|-----------------|----------------|
|  | E-Mail Address: |                |
|  | Fax:            | (517) 335-1450 |

The State of Michigan is an Equal Opportunity Employer  
Civil Service Rule 1-7 states: All persons offered employment in the classified service are required to submit to  
and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of  
employment.**

**1. Position Code**  
AUDITOR-E

**State of Michigan**  
**Department of Civil Service**  
Capitol Commons Center, P.O. Box 30002  
Lansing, MI 48909

Federal privacy laws and/or state  
confidentiality requirements protect  
a portion of this information.

**POSITION DESCRIPTION**

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8. Department/Agency</b><br>ENERGY, LABOR & ECONOMIC GROWTH                                                             |
| <b>3. Employee Identification Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>9. Bureau (Institution, Board, or Commission)</b><br>OFFICE OF FINANCIAL & INSURANCE REGULATION                         |
| <b>4. Civil Service Classification of Position</b><br>AUDITOR 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>10. Division</b><br>SUPERVISORY AFFAIRS & INSURANCE MONITORING                                                          |
| <b>5. Working Title of Position (What the agency titles the position)</b><br>FINANCIAL ANALYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11. Section</b><br>DOMESTIC MONITORING                                                                                  |
| <b>6. Name and Classification of Direct Supervisor</b><br>KRISTIN HYNES, AUDITOR MANAGER 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>12. Unit</b>                                                                                                            |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>DAVE PINER, AUDITOR MANAGER 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>13. Work Location (City and Address)/Hours of Work</b><br>611 W. OTTAWA, LANSING<br>8:00 A.M. – 5:00 P.M. MONDAY-FRIDAY |
| <b>14. General Summary of Function/Purpose of Position</b><br>The Domestic Monitoring Section reviews and evaluates applications from insurers seeking licensure authority in Michigan, making recommendation to the Commissioner, who makes the final decision. It monitors and evaluates the financial condition of licensed insurers to identify a potentially troubled insurer; determines the nature and extent of the insurer's financial trouble; and recommends appropriate action to protect Michigan policyholders. This position examines the financial condition of highly complex companies, identifies troubled insurers, determines solvency, analyzes additional applications, reviews entities required to requalify for authority, reviews corporate activities for statutory compliance and recommends action based upon the findings noted. |                                                                                                                            |

**For Civil Service Use Only**

**15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.**

**List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.**

Duty 1

**General Summary of Duty 1**

**% of Time 55**

Conduct an in-depth review of financial statements and related information filed by applicants (insurance entities) seeking licensure authority to write insurance in Michigan.

**Individual tasks related to the duty.**

- Review applications for completeness and accuracy. Contact company personnel to obtain any additional information.
- Review NAIC related reports and identify any potential problems.
- Conduct a review of the annual and quarterly statements as well as all related filings and confirm compliance with all regulatory and statutory requirements.
- Evaluate the applicant's overall financial condition, capability to remain safe, reliable and entitled to public confidence and the financial condition of the holding company system and any affiliates.
- Complete application worksheets in an efficient manner and in accordance with the division's policies and procedures.
- Develop well-founded recommendations regarding the licensure of each application.
- Assist management in developing and maintaining adequate policies and procedures related to the review of applications.
- Respond to inquiries from Applicants, OFIS employees and other interested parties regarding applications and represent OFIS at any meetings with the personnel of the applicant.

Duty 2

**General Summary of Duty 2**

**% of Time 25**

Conduct a cursory and in-depth review of annual and quarterly financial statements for all foreign companies as assigned.

**Individual tasks related to the duty.**

- Evaluate and analyze insurer's financial statements. Identify areas of financial concerns. Communicate these concerns to the section manager with appropriate recommendations for actions to be taken by the Division.

Duty 3

**General Summary of Duty 3**

**% of Time** 15

Work on other time-sensitive projects such reviewing Form As, requalifications, other miscellaneous projects including working with receivership unit when necessary, and other duties as assigned.

**Individual tasks related to the duty.**

- Complete in-depth review of complex transactions and applications, adequately document the review in accordance with policy and procedure and make recommendation to management.
- Customize reviews to the circumstances of each transaction or project assigned.

Duty 4

**General Summary of Duty 4**

**% of Time** 5

Provide input for developing Division policy on financial reporting and accounting issues for all types of companies.

**Individual tasks related to the duty.**

- Review statutory accounting guidance, accreditation standards and policies and procedures to make recommendations and provide input to management on work processes and address inquiries from companies.

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- 

Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

| <p><b>16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.</b></p> <p>Make recommendations to the section manager on regulatory action to be taken by the Division.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------------------------|---------------------------------------|-------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <p><b>17. Describe the types of decisions that require your supervisor's review.</b></p> <p>Issues with significant economic or political impact and those involving major public policy consideration and/or change.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <p><b>18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.</b></p> <p>Some travel may be required to visit companies, assist on receivership projects or attend training. Includes normal office environment, including significant time at the computer, sitting, standing and bending.</p>                                                                                                                                                                                                                                                                                                                           |                                                             |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <p><b>19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>NAME</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>CLASS TITLE</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>NAME</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>CLASS TITLE</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>            | <u>NAME</u>                                                 | <u>CLASS TITLE</u>                    | <u>NAME</u>                                                 | <u>CLASS TITLE</u>                     |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <u>NAME</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>CLASS TITLE</u>                                          | <u>NAME</u>                           | <u>CLASS TITLE</u>                                          |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <p><b>20. My responsibility for the above-listed employees includes the following (check as many as apply):</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Complete and sign service ratings.</td> <td><input type="checkbox"/> Assign work.</td> </tr> <tr> <td><input type="checkbox"/> Provide formal written counseling.</td> <td><input type="checkbox"/> Approve work.</td> </tr> <tr> <td><input type="checkbox"/> Approve leave requests.</td> <td><input type="checkbox"/> Review work.</td> </tr> <tr> <td><input type="checkbox"/> Approve time and attendance.</td> <td><input type="checkbox"/> Provide guidance on work methods.</td> </tr> <tr> <td><input type="checkbox"/> Orally reprimand.</td> <td><input type="checkbox"/> Train employees in the work.</td> </tr> </table> | <input type="checkbox"/> Complete and sign service ratings. | <input type="checkbox"/> Assign work. | <input type="checkbox"/> Provide formal written counseling. | <input type="checkbox"/> Approve work. | <input type="checkbox"/> Approve leave requests. | <input type="checkbox"/> Review work. | <input type="checkbox"/> Approve time and attendance. | <input type="checkbox"/> Provide guidance on work methods. | <input type="checkbox"/> Orally reprimand. | <input type="checkbox"/> Train employees in the work. |
| <input type="checkbox"/> Complete and sign service ratings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Assign work.                       |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <input type="checkbox"/> Provide formal written counseling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Approve work.                      |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <input type="checkbox"/> Approve leave requests.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Review work.                       |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <input type="checkbox"/> Approve time and attendance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Provide guidance on work methods.  |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <input type="checkbox"/> Orally reprimand.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Train employees in the work.       |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |
| <p><b>21. I certify that the above answers are my own and are accurate and complete.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p><b>Signature</b></p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p><b>Date</b></p> </div> </div>                                                                                                                                                                                                                                                                                                                              |                                                             |                                       |                                                             |                                        |                                                  |                                       |                                                       |                                                            |                                            |                                                       |

**NOTE: Make a copy of this form for your records.**

**TO BE COMPLETED BY DIRECT SUPERVISOR**

- 22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?**

Yes

- 23. What are the essential duties of this position?**

Review and evaluate applications and financial statements to determine if an applicant meets all statutory requirements to be considered safe, reliable and entitled to public confidence, and therefore, issued or retain a certificate of authority to transact insurance in the State of Michigan.

- 24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.**

New position to focus on applications

- 25. What is the function of the work area and how does this position fit into that function?**

The Supervisory Affairs & Insurance Monitoring Division regularly evaluate the financial trends and condition of insurance companies and other similar entities that are authorized to transact insurance in the State of Michigan to ensure they remain safe, reliable and entitled to public confidence. The Division also performs the financial review of companies applying for licensure to transact insurance business in the State of Michigan. This position primary function will be to evaluate the applications of these companies and to evaluate the financial condition of foreign insurers.



**26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.**

**EDUCATION:**

Possession of a bachelor's degree with not less than 24 semester or 36 term credits in accounting.

**EXPERIENCE:**

Auditor 9 – No specific amount or type is required. Auditor 10 – One year of professional experience in auditing accounting, financial and operations records, equivalent to an Auditor in state service. Auditor P11 - Two years of professional experience in auditing accounting, financial and operations records, equivalent to an Auditor in state service, including one year equivalent to an intermediate-level Auditor.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

Previous insurance accounting experience is a plus and required for higher classifications.

The ability to communicate clearly and effectively with others, both verbally and in writing.

Good analytical skills.

Ability to interpret laws, bulletins and regulations.

Knowledge of statutory accounting principles

**CERTIFICATES, LICENSES, REGISTRATIONS:**

None.

*NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.*

**27. I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

**28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.**

**29. I certify that the entries on these pages are accurate and complete.**

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date